

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1732
Registrar's No. 34

BIRTH NO. _____		REG. DIST. NO. 392		PRIMARY REG. DIST. NO. 5649		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u>		c. LENGTH OF STAY (If this place) <u>8 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u>		073	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile west of Pierce City</u>				d. STREET ADDRESS (If rural, give location) <u>Rural 4 mile west of Pierce City</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSEPH ALBERT RADKE</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug 22, 1905</u>	
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR <u>4</u> Days		IF UNDER 24 HRS. <u>14</u> Hours		10. DATE OF DEATH <u>Jan 5, 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Newton County</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Albert Radke</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Witt</u>		14. NAME OF HUSBAND OR WIFE <u>not married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Radke</u> ADDRESS <u>Pierce City, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, apoplexy, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed right chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car fell from block</u> DUE TO (c) <u>while being worked on</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Found dead under car.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>✓</u> <u>E 8350</u> <u>3.3</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>055</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Pierce Lawrence</u> (COUNTY) <u>Mo</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 5 1951 1:10 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car fell on him</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herman Surridge</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Marionville Mo</u>		23c. DATE SIGNED <u>1/5/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) <u>Pierce City Mo</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-8-51</u>		REGISTRAR'S SIGNATURE <u>John P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Br...</u> ADDRESS <u>Pierce City Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 137-127

Date Filed 1-13-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Edwin P. Wilks

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Price City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.